

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Licensed Midwives
Certified Nurse Midwives
Birthing Centers
Managed Care Plans

Memorandum No: 04-106 MAA
Issued: December 1, 2004

For Information Call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Assistance Administration (MAA)

**Subject: Planned Home Births/Births in Birthing Centers: Newborn Screening Fee
Correction**

Retroactive to dates of service on and after July 1, 2004 , the Medical Assistance Administration (MAA) has corrected the newborn screening fee.

Newborn Screening Fee Update

On July 1, 2004, The Washington State Board of Health added three additional disorders to the list of mandatory metabolic screening requirements for newborns. MAA used an incorrect amount to reimburse claims for the newborn screening fee. **The correct maximum allowable fee for the metabolic screening panel per infant is \$64.40.**

MAA corrected this error in the Medicaid Management Information System (MMIS) on October 20, 2004. This correction is retroactive to dates of service on and after July 1, 2004. **Do not submit an adjustment request form for newborn screening services provided to our clients and paid by MAA between July 1, 2004 and October 19, 2004.** MAA has made an internal adjustment to pay the correct rate for claims paid on these dates.

Procedure Code	Brief Description	Maximum Allowable Fee July 1, 2004
S3620	Newborn metabolic screening panel, include test kit, postage and the laboratory tests specified by the state for inclusion in this panel [Department of Health newborn screening tests for metabolic disorders. Includes 2 tests on separate dates; one per newborn.]	\$64.40

Billing Instructions Replacement Pages

Attached are updated replacement pages H.5/H.6 for MAA's *Planned Home Births Pilot Project Billing Instructions*, dated July 2003 and pages F.5/F.6 of MAA's *Births in Birthing Centers Billing Instructions*, dated July 2003. **Note: Pages H.6 and F.5 have no corrected codes; we are including them because they are attached to the back or front of a changed page.**

How can I get MAA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Bill MAA your usual and customary charge.

Other (cont.)			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
J1364		Injection, erythromycin lactobionate, per 500 mg. (use separate line for each 500 mg used) [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	\$3.14
J7050		Infusion, normal saline solution, 250 cc	2.22
S5011		5% dextrose in lactated ringer's, 1000 ml.	Acquisition Cost
J7120		Ringers lactate infusion, up to 1000 cc	11.13
J2210		Injection methylergonovine maleate, up to 0.2 mg	3.67
J3475		Injection, magnesium sulfate, per 500 mg	0.20
J2590		Injection, oxytocin	1.15
J0170		Injection adrenalin, epinephrine, up to 1 ml ampule	2.10
J3430		Injection, phytonadione (Vitamin K) per 1 mg.	1.98
90708		Measles-rubella vaccine, sc	21.81
90471		Immunization admin	5.00
90472		Immunization admin, each add [List separately in addition to code for primary procedure.]	3.00
S3620		Newborn metabolic screening panel, include test kit, postage and the laboratory tests specified by the state for inclusion in this panel. [Department of Health newborn screening tests for metabolic disorders. Includes 2 tests on separate dates; one per newborn.]	64.40

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(Revised December 2004)

Memo 04-106 MAA

- H.5 -

Fee Schedule

Other (cont.)			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
99401		Preventive counseling, indiv [approximately 15 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) [For Smoking Cessation only]	\$25.39
99402		Preventive counseling, indiv [approximately 30 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) [For Smoking Cessation only]	42.62
99432		Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s). Limited to one per newborn. Do not bill MAA if baby is born in a hospital.	76.38
99440		Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	90.45
92950		Cardiopulmonary resuscitation (e.g., in cardiac arrest)	113.12
S8415		Supplies for home delivery of infant. Limited to 1 per client, per pregnancy.	45.00

Other (cont.)			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/04
J0290		Injection, ampicillin, sodium, up to 500 mg. (use separate line for each 500 mg used) [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	\$1.48
J1364		Injection, erythromycin lactobionate, per 500 mg. (use separate line for each 500 mg used) [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	3.14
J7050		Infusion, normal saline solution, 250 cc	2.22
S5011		5% dextrose in lactated ringer's, 1000 ml.	Acquisition Cost
J7120		Ringers lactate infusion, up to 1000 cc	11.13
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